

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6/30/03.

I. DISPUTE

Whether there should be additional reimbursement for lumbar laminotomy - 63042-50, unlisted procedure - 22899, lumbar laminotomy - 63042-80-50 and unlisted procedure -22899-80 for surgery of 7/1/02.

II. RATIONALE

According to the Operative report dated 7/1/02, surgeon _____ was assisted by _____. The 1996 Medical Fee Guideline identifies modifier –80 as “... Documentation on the operating room record shall indicate the amount of time spent by the assistant surgeon in the operative session and the need for the assistant surgeon. Documentation shall substantiate the attendance of the assistant surgeon 70% of the time during the performance of one operative session. The reimbursement shall be 25% of the listed MAR of the surgical procedure(s).”

The operative report of 7/1/02 does not address any of this information required per the Medical Fee Guideline. On this basis, reimbursement is not recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for lumbar laminotomy – 63042 50, unlisted procedure - 22899, lumbar laminotomy - 63042-80-50 and unlisted procedure 22899-80.

The above Findings and Decision are hereby issued this 05th day of March 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb